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MAR 20 2020 UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF MISSOURI
BY MAIL DIVISION

Clear Form

Mary L. White
4303 Hwy 61 Lot 7
Bloomsdale, Missouri
63627

Complaint for a Civil Case

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

(to be assigned by Clerk of District Court)

Plaintiff requests trial by jury:

☒ Yes ☐ No

v.

Vertex Pharmaceuticals
50 Northern Ave
South Boston, Massachusetts
02127

(Write the full name of each defendant. The caption must include the names of all of the parties. Fed. R. Civ. P. 10(a). Merely listing one party and writing "et al." is insufficient. Attach additional sheets if necessary.)

CIVIL COMPLAINT

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepaying fees or costs.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Mary L. White</u>
Street Address	<u>4303 Hwy 61 Lot 7</u>
City and County	<u>Bloomdale - Ste. Genevieve County</u>
State and Zip Code	<u>Missouri 63627</u>
Telephone Number	<u>314-809-2447</u>
E-mail Address	<u></u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Vertex Pharmaceuticals</u>
Job or Title	<u>Manufacturer</u>
Street Address	<u>50 N. Ave</u>
City and County	<u>S. Boston</u>
State and Zip Code	<u>Massachusetts 02127</u>
Telephone Number	<u>1-617-341-6100</u>
E-mail Address	<u>WWW.Vertex.med.info.com</u>

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant. If you are suing for violation of your civil rights, you must state whether you are suing each defendant in an official capacity, individual capacity, or both.)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only three types of cases can be heard in federal court. Provide the information for this case. (Include all information that applies to your case)

A. Federal question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. *Bill of Rights*

B. Suit against the Federal Government, a federal official, or federal agency

List the federal officials or federal agencies involved, if any.

NONE

C. Diversity of Citizenship

These are cases in which a citizen of one State sues a citizen of another State or nation, and the amount at stake is more than \$75,000. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

1. The Plaintiff(s)

The plaintiff, (name) *Mary L. White* is a citizen of the State of (name) *Missouri*.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

If the defendant is an individual

The defendant, (name) _____, is a citizen
of the State of (name) _____ Or is a citizen
of (foreign nation) _____.

If the defendant is a corporation

The defendant, (name) Vertex Pharmaceuticals .
is incorporated under the laws of the State of (name)
Missouri , and has its principal place of
business in the State of (name) Massachusetts Or
is incorporated under the laws of the State of (foreign nation)
Missouri , and has its principal place
of business in (name) Massachusetts .

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy----the amount the plaintiff(s) claims the defendant(s) owes or the amount at stake----is more than \$75,000, not counting interest and costs of court, because (explain):

*2 million in actual damages
due to Physical scarring of the entire body.
1.5 million in punitive damages*

III. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you? *Scarring of the entire body - mental anguish*
2. When did it happen? *2012*
3. Where did it happen? *my Home + Doctor office*
4. What injuries did you suffer? *Scarring the entire body - mental anguish*
5. What did each defendant personally do, or fail to do, to harm you? *Manufacturer failed to warn the Public of the dangerous side effect that cause (SJS), (DRESS), serious skin reaction an/or life/death. The year 2012, my home + DR. offices, (SJS) serious skin reaction that covered the entire body, mental stress, fatigue, anxiety, lost of memory,*

During Hep C treatment at my doctors office I was put on a treatment called tripple combo/or triple therapy where I was not enform of these kind of side effects the medications, was INCIVEK, Peginterferon alfa, and Ribavirin combination. That left my body scarred for life an cause mental defects in my life.

IV. Relief

State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

Requesting that this Honorable Court will award 2 million in actual damages, 1.5 million in Mental stress, anxiety, Lost of memory, also requesting for 500,000 in lost of saving an employment. Requesting all medical Bills to be paid for the rest of my life, pay for my care an pay James R. Ward the some of 500,000 for shis lost will giving me care, lost of love compainiorship. What ever elses this court find Just an fair.

Do you claim the wrongs alleged in your complaint are continuing to occur now?

Yes ☒ No ☐

Do you claim actual damages for the acts alleged in your complaint?

Yes ☒ No ☐

Do you claim punitive monetary damages?

Yes ☒ No ☐

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

*2 million in actual damages, For scarring the intire body + lost of
due to the the side effect that I was not aware of that ^{Money}
Company did not tell about,
1.5 million in punitive due to lost of job, saving, medical bills,
etc. Due to the effects of not being aware of the dangerous
side effects that Company did not post or tell the public about,*

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of March, 20 20.

Signature of Plaintiff(s)

[Handwritten Signature]
3-18-2020